STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

May 12, 2008
Notes

MEMBERS PRESENT:	Lise Ewald, Kitty Gallagher, George Karabakakis, Clare Munat, Marty Roberts, and Jim Walsh
VISITORS:	Michael Fitzgerald and Grace Zdunek (HCRS) Jean New (LCMHS) Jim Hulfish, Chris Lizotte, and Sandy Smith (CSAC)
DMH AND VSH STAFF:	Michael Hartman, Melinda Murtaugh, Leah Matteson, David Mitchell, Frank Reed, and Evan Smith

Marty Roberts facilitated today's meeting. Standing Committee members and visitors introduced themselves. Approval of the notes for the meeting of April 14 was postponed until the meeting of June 9.

Review of Agenda

Terry Rowe could not attend this Standing Committee meeting because of the long-anticipated site visit to the Vermont State Hospital (VSH) from the Joint Commission (formerly JCAHO), and so her update on VSH is postponed until the June Standing Committee meeting. Commissioner Michael Hartman asked for a place on today's agenda; the presentation/discussion about durable powers of attorney (DPOAs) and the Ulysses clause was moved to the June meeting as well.

Other Items/Topics of Discussion

Standing Committee members took advantage of the unexpected free time at the beginning of the meeting to go over a number of other pertinent items:

- The National Association on Mental Illness (NAMI) Walk in Vermont to raise public awareness of mental illness is this Saturday, May 17, in Montpelier. Clare Munat encouraged all who can to participate.
- NAMI—VT is offering free education workshops on "Living with Mental Illness in the Family: Treatment, Coping, and Recovery." The next workshop is scheduled for Saturday, May 31, at the VA Medical Center in White River Junction. Another one will be held on Saturday, June 7, at the Rutland Regional Medical Center. The final workshop will be on Saturday, June 21, at the Brattleboro Retreat. Register by telephoning NAMI—VT at (800) 639-6480 or e-mail namivtee@verizon.net.
- Other training opportunities on the horizon include:

- ✪ May 29: Gayle Bluebird on inpatient services and peer services—Unitarian Church in Montpelier
- ✪ May 30: Forum on Integration of Community Mental Health and Peer Services—Central Vermont Chamber of Commerce in Berlin
  (contact the Department of Mental Health or the Vermont Council of Developmental and Mental Health Services for further details and registration information)

➲ A documentary on depression will be presented on the Public Broadcasting System on May 21. Check local listings for station and time.

➲ Standing Committee members talked about the importance of peer support in a wide variety of situations, especially emergencies. Clare mentioned the example of Jane Winterling, a Recovery Educator for Vermont Psychiatric Survivors (VPS), who was praised recently for going to stay in the Emergency Room with a consumer until she was seen. Marty Roberts brought up Amistad, a peer-organized support network in Portland, Oregon. There was further discussion of the importance of provider willingness to work with peers supporting peers. Clare suggested putting the topic on the agenda for June, perhaps inviting Zachary Hughes to speak about his work in Washington County.

Update on Guidelines for Advance Directives: Evan Smith

Evan told Standing Committee members that he got feedback from Community Rehabilitation and Treatment Directors (CRT) last week on revised guidelines for advance directives. He hopes to hear from Adult Outpatient Directors at their next meeting in June. Implementation will follow.

NAPPI Training at VSH

NAPPI stands for non-abusive physical and psychological intervention. A review group has been formed to review this and similar kinds of training to make a recommendation as to the most effective curriculum to offer for VSH staff in the future. Marty has been asked to be on the review group.

Re-designation of Counseling Service of Addison County (CSAC)

Three representatives from CSAC came to the Standing Committee meeting to answer questions and offer clarifications: Alexander (Sandy) Smith, Director of Community Rehabilitation and Treatment programs; Jim Hulfish, Director of Adult Outpatient programs; and Chris Lizotte, Consumer Advocate.

Recovery Orientation at CSAC. Sandy explained that the agency adheres to recovery values as articulated in any number of statements from the Substance Abuse and Mental Health Services Administration (SAMHSA) and in numerous publications. Recovery has been well integrated at CSAC for a long time and emphasizes the well known concepts of strengths-based interventions and person-focused treatment given within a holistic view of recovery. WRAP (Wellness Recovery Action Plan) groups meet at Evergreen, a residential facility with a recovery-oriented

program. The agency held a Recovery Day last year and has another one scheduled for this year, in addition to a recovery retreat for clients and staff. This year's Recovery Day will focus on the power of telling stories. Kitty asked how long it takes the agency to create a sense of independence in consumers so that they can begin to work toward moving away from the agency. Sandy said that CSAC always sees moving on from services as a goal of treatment. He feels that individuals should move at their own pace.

Examples of Successes/Accomplishments at CSAC. For CRT, Sandy mentioned:

- High rates of consumer satisfaction
- Low staff turnover
- Success in creating more resources for a second residential capacity (Hill House is currently being renovated and another, Robinson House, will be licensed as a transitional residence—meaning eight additional beds and more capacity at Hill House too)

For AOP, Jim Hulfish mentioned:

- Again, high rates of consumer satisfaction among AOP clients
- Good showing in initial assessments completed by VISI (Vermont Integrated Services Initiative) last year as well as a very high rating (top 5 percent) on this year's assessment (Jim added that substance-abuse services have traditionally been integrated into Adult Outpatient services at CSAC, thus the agency was already positioned to do well in integrated treatment)
- Strategies for dealing with the AOP waiting list (for example, offering groups in effective communications and assertiveness while potential clients are waiting for treatment)

Access to AOP. Access is a problem for AOP, Jim admitted. The waiting list has been as high as seventy, although recently it was down briefly to twelve. It is currently at sixty. Insufficient staffing is partly to blame, he said. The agency is looking to hire 1.5 or even two new staff members in the near future. An additional half-time position on the emergency team will be additional help. Jim also wants to consider NIATx, the Network to Improve Addiction Treatment, a national program-improvement organization that has enjoyed notable success in reducing waits for services, decreasing no-shows, increasing continuity of care, and the like.

CSAC's ongoing curriculum for AOP features time-limited skills groups such as coping skills, distress tolerance, and addressing anxiety and panic disorders. Jim's goal is to have three groups developed by the end of the summer and accepting clients in the fall.

Jim Walsh asked how the waiting list translates into the length of the wait for services. Jim Hulfish replied that emergencies are always seen first. The intake coordinator refers anyone in crisis to the Emergency Team right away. Clients of moderate acuity can usually be seen within one or two weeks, while the wait for the rest could be more than ninety days. CSAC always calls back to check with people on the AOP waiting list, he added.

Client Turnover. In CRT, CSAC runs regular reports on clients who are provisionally enrolled to determine their continuing eligibility, Sandy said. He did not offer an exit rate for clients but referred Standing Committee members to reports from the Research Unit for that information.

For AOP, Jim Hulfish was a bit unsure of how to answer the turnover question. The average length of stay for AOP clients is much shorter than length of stay for CRT clients, he observed. About one-quarter of the people who contact CSAC do not go to their first appointment, while only 2 percent are lost to contact. CSAC does follow-up with individuals after services to track continuing issues but does not have an aggregate analysis available.

Jim Walsh asked how CSAC treats people who do not have insurance. Jim Hulfish replied, "Like anyone else," and gave as an example the use of a sliding scale for fees. Last year the agency hired its first AOP support worker to help people navigate through the system, do paperwork, and such.

Consumer Advocate. Chris Lizotte is CSAC's consumer advocate. He is relatively new to the job. Sandy summarized the position as one that seeks to increase consumer input and develop channels of communication between clients and the agency. Chris explained that the position is not funded for very many hours (only eight hours a week), and he works mostly with CRT clients. He participated in Advocacy Day at the State House this past January. He also promotes local events, one example being a speaker from the Mental Health Education Initiative in Chittenden County. A movie is planned later this month.

Integrated Dual Diagnosis Treatment. CRT does not have an IDDT training schedule currently at CSAC. The agency is putting all of its efforts into VISI, wants to keep motivational interviewing techniques, levels of treatment, and treatment matching prominent. AOP staff had training in motivational interviewing in the past year, will have training later this month to connect treatment planning with an addiction-severity index. Co-occurring meetings are held weekly in many programs (CRT, housing, and vocational rehabilitation, for example).

Public Relations Efforts in Addison County. CSAC has undertaken a number of initiatives to become better known in the community, among them:

- ✓ Fund-raising to expand offices at 89 North Main Street and build a new facility: hoping that these will increase community involvement
- ✓ Newspaper articles (for example, the youth and family program: teens and substance abuse)
- ✓ Front-page inserts in the local paper featuring thanks from the agency to local employers, a legislative update from Vermont Representative (and former CSAC Executive Director) Bill Lippert, and various articles on mental health
- ✓ A forum on schizophrenia
- ✓ Sponsoring a film with the local NAMI–VT chapter
- ✓ Placing priorities on community education and reaching out to board members at other agencies

Kitty suggested more emphasis on empowerment and the different stages that individuals go through toward recovery in planning for groups in the future. Sandy agreed.

Re-designation of CSAC. Standing Committee members appreciated the openness with which CSAC's staff answered their questions and praised the work that CSAC is doing, in light especially of the scarce resources for so much to be done. George Karabakakis commented on the

importance of access to services and the expectation that it will continue to grow in importance. The groups for people on AOP's waiting list are a creative way of dealing with that kind of problem. Marty remarked that the groups have good content too. The agency's efforts to establish better connections with the community were quite impressive. The Standing Committee felt that it would be better to have a consumer advocate with more hours to devote to the kind of integration between agency and clients that seems to be desired at CSAC.

The Standing Committee voted unanimously to recommend full re-designation for the Counseling Service. No major deficiencies were noted.

Public Comment

Michael Fitzgerald thought that the Standing Committee has had a very productive meeting.

Lise Ewald would like an orientation on terminology and acronyms.

Departmental Updates: Michael Hartman

Close of the Legislative Session. The Department of Mental Health (DMH) came through the session with no changes to the Governor's budget proposals for mental health: a cost-of-living increase of 2.5 percent in all programs and caseload increases for both children and adults. The Futures Project will give monthly updates to the Mental Health Oversight Committee as well as to the Joint Fiscal Committee. Futures talks with designated hospitals on concrete moves toward replacing the capacities at the Vermont State Hospital (VSH) are set to begin in two weeks.

A Second Recovery Residence in Vermont. Michael asked George Karabakakis to make the announcement about the new recovery residence to be developed in Southeastern Vermont. The Vermont Southern Alliance for Care (Healthcare and Rehabilitation Services of Southeastern Vermont and the Brattleboro Retreat) was the winner of DMH's request for proposals (RFP) for another recovery residence, George said. HCRS is looking forward very much to the project, he continued, and will proceed with details of implementation as soon as possible. A visit to Second Spring, in Williamstown, is planned.

A Change in Corrections Possibly Affecting Mental Health. The Dale Unit in Waterbury will close as a women's prison. It is possible that Dale will become the fifteen-bed secure residential facility envisaged in the Futures plan. A preliminary walk-through by consultants resulted in an estimate of $10 million to make the building suitable as a secure residential placement for mental-health clients.

Care Management RFP. DMH is also proceeding with an RFP for a care management system. Ten applications were received initially; reviewers are down to two or three finalists now.

Electronic Records for VSH and Possibly Woodside or the Department of Corrections. The push to standardize the records used is making progress. The system might be extended to the designated agencies too.

Final Report from the Pacific Health Policy Group. Michael asked Frank Reed to update the Standing Committee on the Pacific Health Policy Group's recommendations. Frank explained that the latest report follows upon the work done on system sustainability by the same group three years ago. This final report deals with efficiencies, streamlining, and cost savings to be achieved in the public mental-health system. The Health Policy Group's recommendations are:

1. Streamline data reporting elements throughout the system (Mental Health, Substance Abuse, and Developmental Disabilities)
2. Extend the CRT case rate payment mechanism to all programs
3. Transition the payment structure for Emergency Services to a performance-based model and define basic core capacities
4. Implement a pilot of CARF (Commission on Accreditation of Rehabilitation Facilities) "deemed" designation wherever feasible
5. Facilitate the implementation of electronic health records
6. Establish a priority system for critical incident reports to Developmental Services (PHPG's recommendation applied only to Developmental Services, but DMH has already begun working on similar criteria for critical incident reports for Mental Health; Frank said that he will update the Standing Committee on the DMH agreement in June)
7. Standardize PNMI (private, non-medical institutions) rate-setting and budgeting
8. Standardize individual plans of care across programs

Further Discussion. Clare commented that there seem to be two major issues involved with hospitalization: involuntary treatment and the reluctance of other hospitals to accept patients from VSH. Michael said, "Nothing is insurmountable," and talked about DMH's plans to reduce length of time in hospital stays for Act 114 patients once medication has begun and they are getting better. In addition, he observed that space may be an issue at some hospitals, while there is also resistance to the state's zero-reject policy.

Clare asked if recertification of the State Hospital by the Centers for Medicare and Medicaid Services (CMS) will take some pressure off the system. Michael replied that the answer depends on what kind of pressure one means. Recertification will come at the beginning of 2009 at the soonest. If the fifteen-bed secure unit is ready by then, it could mean that VSH could become smaller, take some of the pressure off staff, and reduce injuries, for example. He went on to say that it is good to be at a point at which the last Department of Justice visit was very positive, the Joint Commission is here today (that is, May 12), and we seem to be making measurable process. Physical improvements are still being made too.

Report from the Membership Subcommittee

Clare reported that the Membership Subcommittee recommends sending the names of Grace Zdunek and Michael Fitzgerald to Governor Douglas for appointment to the Standing Committee. The full Standing Committee accepted the recommendation unanimously.

Membership terms for George Karabakakis and Jim Walsh expired on April 30. The Membership Subcommittee recommends that George and Jim be reappointed. The full Standing Committee accepted this recommendation unanimously as well.

June Agenda

- Introductions, approval of notes of April 14 and May 12, reviewing agenda
- VSH report: Terry Rowe
- Peer support in Washington County: Zachary Hughes
- Durable Powers of Attorney and the Ulysses clause: Jessica Oski
- Reports on meetings of May 29 and 30: Marty Roberts
- Overall update on peer activities: Kitty Gallagher
- Departmental updates: Frank Reed

Important Agenda Note

Marty has scheduled a presentation from Margaret Joyal, of Washington County Mental Health Services, on trauma-informed treatment for the Standing Committee meeting on September 8.

Important Calendar Note

The July and August meetings of the Standing Committee will be combined into one meeting on Monday, July 28, 2008, Waterbury, room to be determined. The Standing Committee meeting will take place from 10:00 a.m. until 1:30 p.m. (lunch provided) and will be followed by a meeting of Vermont's Block Grant Planning Council from 2:00 until 4:00 p.m. Please mark your calendars accordingly.